2411 N. Charles St., Baltimore 157

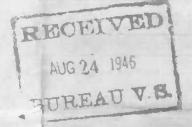
# CERTIFICATE OF DEATH

2 HIGHAL DESIDENCE (HOME) OF DECEASED.

I. PLACE OF DEATH:	(For newborn infants give residence of mother)
County	State Mary Caux County Kell
City or town	State Dark Hall
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(11 outside city of town mints, write Notice and give accept to may
Hospital, Institution, or street address where death occurred:	Street No. Haven
Kut and Once aus Jouer al Horgestal	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jerry Carl ashley	
good are	THE PARTY OF THE P
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. The	20. DATE OF DEATH. 2019 21 19 46 21 9 10 P.M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	8-21-46 530PM 1946 108/21/46 950PM 46
	and that I last saw h
7. Birth date of deceased (mo., day, yr.)  Que 107 2/ 1946	
deceased (mo., day, yi.)	Immediate cause of death
o. Auc.	Prematurety 6 m.
4 hrs. 20 mln.	
1/2-1-2/	Pue to (birth 4eigh 2 to 52).
9. Birthplace (Town, county, and state)	Due to.
(Town, country, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name alores R. ashley 13. Birthplace Ballimore ma	Other conditions
13. Birthplace Baltimore ma	(Include pregnancy within 3 months of death)
14. Malden name Droug M. Pentycole	
14. Maiden name Source M. Venty cope	Major fiedings of operations.
X 15. Birthplace Millon, la.	Date of op.
Cl - Catelli	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address KockHall, na.	
B. 1 G. 22 1941	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (Ling), 1946  (Spirial, cremation, or removal, Which?)	Accident, sulcide, or homicide
(Burial, Clemation, of Temoval, Wallet	Where did injury occur?
Cemetery or crematory	
Location Rock Habe	Injured at home, farm, Industry, public place (where?)
LUCATION	Meens of Injury Injured at work?
1B. Funeral director. Tank 1	
D 1 -il - GO Amand	COAL + 1 B. 12000
Address Cock Hall, True,	23. SIGNATURE CELEST AND LONG OF THE CONTROL OF THE
Que 9,9 (Vara Vikara)	
(Date rec'd by registrar)	Address Rock Hall, M.d. Date signed 8/22/76

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MARGIN RESERVED FOR BINDING



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 203

08137

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
City or town	State Mary Laste County Kent		
(If outside city or town limits, write RURAL and give nearest town)	City or fown. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
Hospital, institution, or street address where death occurred:	Street No. The Land		
	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If veleran, name war Warld Yar !		
3. (a) FULL NAME	3. (b) Social Security Number		
James arthur Canna			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m. While married.			
m. Atuli married	20. DATE OF DEATH Cucqust 10 19.46 21 9 PM		
6.(6) Name of husband or wife Marce Caucau.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8 (a) 16 alive alve and 40 man	affell 12 19.75, to Queges 1 16 19.46		
7. Birth date of 2 (1990)	and that I last saw halive on		
deceased (mo., day, yr.) May 19 1879	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	thron Ladocarvitis		
47 2 28nrsmin.	angina perturbed		
9. Birthpiace Rock Hall, Ind.			
9. Birthplace	Due to		
10. Usual occupation bratin Marie	Due to		
11. Industry or business	000 10-		
12 Name arthur Vna Causean	Diher conditions		
12. Name arthur Fra Carman  13. Birthplace Coul Co, Ind.			
	(Include pregnancy within 3 months of death)		
14. Maiden name aux aux a Log rell	Major findings of uperations.		
14. Maiden name and and tog well  15. Birthplace Kuef Co, Md			
4	Date of op.		
16. Intermant Marki Caustiau	Autupsy results.		
Address . RockHall, Ind	PHYSICIAN: Please underline the cause to which death shund he charged statistically.		
0 4 9/10/11	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Whichi)	Accident, suicide, or homicide		
Cemetery or committee Wesley Chabel	Where did injury occur? (City or town) (County) (State)		
Location 170ck Ttael md	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Edwar L. Lane.	Meens of Injury Injured at work?		
Address Colinical Ttill md	23. SIGNATURE albert 4 Durgard		
10 8/19 1046 X. Steward Runger	M. D. er-other		
19. 8. Usunt Suggestion (Date ree'd by registrar)	Address Rock Hall M. Date signed 8/16/46,		

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

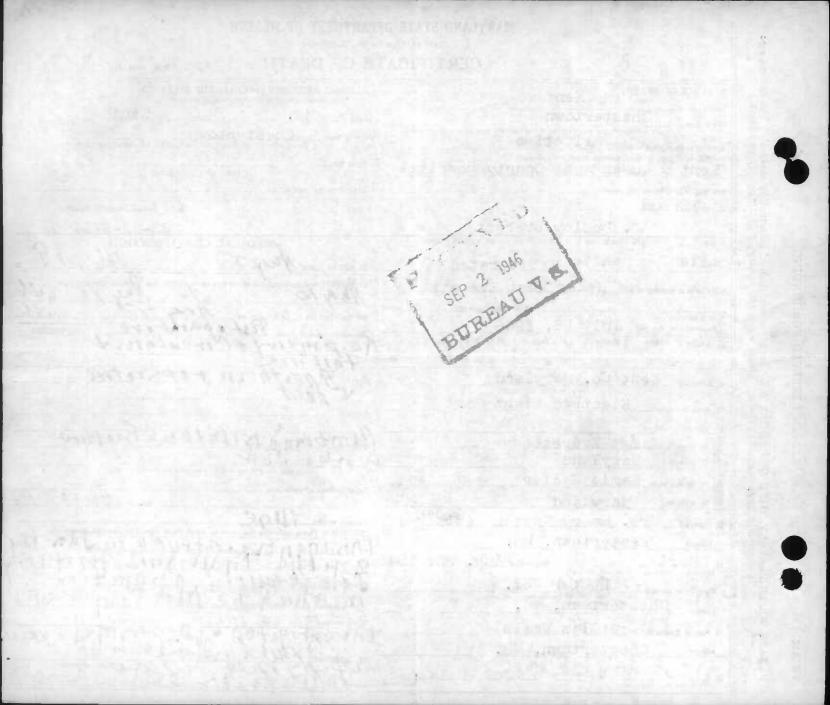
2411 N. Charles St., Baltimore /68

08136

#### CERTIFICATE OF DEATH

*	Reg	Diet	No	2	0	21
	weg.	Diat.	140.			

1. PLACE OF DEATH: Kent				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
Chestertown					Kent Kent	
City or town			tURAL and give nearest town)	A2		
How long in above place	of death? 111	etime		(If outside city or town limits,	. write RURAL and give nearest town)	
Hospital, Institution, or	r street address where d	leath occurred	inty Hospital	Street No.		
Vent a	Jueen Aimi	e cou	mry mospicar	(If reral, give LOCATION)		
	r Institution?		***************************************	2.(a) tf veteran, name war		
3. (a) FULL NAMI	E	-1,-11			3. (b) Social Security Number	
	J. Dudle				223-03-5754	
4. Sex	5. Color or race	6.(a)Single	le, married, widowed, or divorced	MEDICAL CE		
male	white	Se	parated	2D. DATE OF DEATH ALLY VS	19.4 ( , al , ) P M	
6.(8) Name of husband	or witeHeler	n Wes	t Everett	21. ACERTIFY that death occurred on the date above	46 May VX U	
	***************************************	6.(	c) If alive, give ageyears	A	ne. 50	
7. Birth date of deceased (mo., day, y	July 2	6. IS	906	and that Flast saw h	2-14-40	
8. AGE: Years		Days	. It less than one day	Demediate cause of death	DURATION	
40	Т	2		Talk WYS	C(1-7) 10 F 7	
	1			Dag thesia +	- 1. De vo tivo	
9. Birthplace	ent Co. M.	county, and	state)	Due to		
tD. Usual occupation	Floatna	c Lig	ght Co.	1001		
t1. Industry or business				Due to		
	ames Ever	et.t.		Cambonn Bilet	e ra Ltracture	
The state of the s	Maryland			LA TO - TOW.	\$	
\$\frac{13. \text{ Birthplace } \text{Maryland}}{\frac{\pi}{2} \text{ 14. \text{Malden name.} \text{Mamie Waller}}				(Include pregnancy within 3 m	nonths of death)	
				Major findings of operations	7	
15. Birthplace	Marulan	d			Dale of op/14/19 14	
	rs. Emory	New	ton (sister)	Autopsy results	/	
72				PHYSiCIAN: Please underline the cause to whi	ach death should be charged statistically.	
				22 VI ELENCE MICH WE WE CONTROL	set the interest liewing	
17. Burial Date thereot Aug. 30. 1946 (Barial, cremation, or removal. Which?)		Quen stoid forming	VION color of tyacturing			
Cemetery or crematory Chester Cem.		Werdillury Your? 944 Final	ODONATION			
Incation Chestertown, Md.				Intured at home, farm, Industry public place (No	Ileg (on Strul)	
18. Funeral director J. Willis Wells				Mant of Figure CN M Jatt	a liglured at work? 17 Q	
				LINUSTIGATED 64	N. CPUTTITUE Xacu	
Address Chestertown, Md.			ld.	The sicharus DULLUI SA	shill to min	
19. Que a 3 d 19. 46 Clara & Barres Registrar			an S. Barren	Addrew Us By	Was Made Signed Ang. XVV.	



2411 N. Charles St., Baltimore



#### CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: (Days, Free It )	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarts give residence of mother)
City or town D 12 12 1	State Man lew country / Well
(If outside city of town limits, write RURAL and give wearest fown)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death 2	
plets from mo	Street No
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Folor of race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Much Suegle	2D. DATE OF DEATH ALLS 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
G.(c) It alive, give age years	De not certification of the
7. Birth date of	and their last saw h sive on lower than the street and their last saw h
deceased (mo., day, yr.)  8. AGE: Years   Months   Day's   If less than one day	Immediate College death I Put
38 4 7hrsmin.	Basile Dratton
	OF 12 Pl
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation.	Due to Mun has 14
f1. Industry or business farm	Lutistice 2
12. Name Unlanding	Dihe Candillons Was Many 1 19400
Z 13. Birthplace Clef Clef	(Include pregnancy within 3 months of death)
14. Malden name. Mulammuse 15. Birthplace & Mulamuse 15. Birthplace 1	Major findings of operations. how
\$ 15. Birthplace of the the	Bate of op.
16. Informant 200 & Stubles	Autopsy results
Address Clarstoton we	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereot aug 23 1916	22. VIOLENCE: If death was due to external causes, this in the tollowing; The 18. 184
17. (Burial, cremation, or removal. Which)  Date thereot (month) (day) (year)	Accident, suicide, optiomicide A. C.
Cemetery or seematory	Where did injury occur (City or town) (Gounty) (State)
Location Shutulinin	Injured at home, tarm, industry, public place (where?)
18. Funeral director Mangin, V. William	Means of Applets 18 m 1900 Through at work?
Address Chestulin Maryland	Vines & week Relació
Que 99 11 Mars 1 Barrel	23. SIGNATURE M.A. or other
(Date red by registrar)  (Date red by registrar)  Registrar	Variable of the trave ( w pair of the 15/4/



# 2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

(1813) Reg. Dist. No. 202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Name !	State Manufaced County Kut
(If outside city or town limits, write RURAL and give nearest town)	a. 0
How long in above place of death? 10 dans	(If ootside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Result & Duran Quice Cooperate	Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) It veteran, name war
3. (a) FULL NAME	
5. (d) 10 LL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Strigte, married, widowed, or dispresed	
1. A solid of the	MEDICAL CERTIFICATION
leade White Channel	20. DATE OF DEATH AUGUST 12 1946, at 9.30 M
6.(b) Name of Investment or wife Da C. Reed	21. I CERTIFY that death occupied on the date above stated: that I attended deceased from
e (a) the library of the age 5 4	19610, to lies 12 19.44.
7. Birth date of	and that I last saw half blive on All 12 12 19
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   it less than one day	Immediate cause of death
<i>c</i> ( 0	
	White William Byon
9. Birthplace Worton Kent Country (Ud. (Town, coonty, and state)	Due to
10. Usual occupation Va stal Clark	The state of the s
11. Industry or business U.S. Postalia	Due to
	Molecular Sales and the Con
12. Name William & Rebil  13. Birthplace Vent Courte Und.	Dither conditions
	(Include pregnancy within 3 months of death)
12 4/0 -	Major findings of operations.
2 15. Birthplace Luck County Cled.	Bate ot op.
16. Informant I da C. Reed - Wife	Autopsy results.
Address Chestestown led. P.F. D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereot 8 - 14 - 1946	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Chestertown Web.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director & Willia Walls	Means of Injury Injured at work?
Address Plans Internal Wel.	I pullit
001 00	23. SIGHATURE M. D. grother
10 Clara S. Barnes	Tellesliston nel Gustuc

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AUG 15 1946
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AND THE RESPONDED TO BE ADDRESSED.

H CANTONIO STEAM STEEL

## 2411 N. Charles St., Baltimore 83-2 CERTIFICATE OF DEATH

1181411 Reg. Dist. No. 202

1. PLACE OF DEATH: Gounty Kent	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Chestertown (If outside city or town limits, write RURAL and give nearest town)	State Md. County Kent		
How long in above place of death? Lifetime	City or town Chestertown (If outside city or town limits, write RURAL and give nearest town)		
Hospital, lostifution, or street address where death occurred:	Street No.		
***************************************	(If rural, give LOCATION)		
How long in hospifal or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Amanda L. Walker	none		
female   S. Color or race   6.(a) Single, married, widowed, or divorced   widowed	20-DATE OF DEATH TO SERVICE TO 19 46 at 6 7		
6.(b) Name of husband or wife. Geo. W. Walker	ALI CERTIFY that death occurred on the date above stated: that littended decreased from		
7. Birth date of deceased (mo., day, yr.) June 28. I863	and that I last saw h		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION		
83 I IO	the sal William hap says		
9. Birthplace Kent Co. Md. (Town, county, and state)	Due to Frince Oller on man		
10. Usual occupation housewife	Due to.		
11. Industry or business	773		
E 12 Name Abraham Stanley	Other conditions		
13. Birthplace Maryland	(Include pregnancy within 2 months of death)		
14. Maiden same Sarah Furrell	Major findings of operations.		
15. Birthplace Maryland			
16. Informant Mrs. John A. Kennard (neice)	Autopsy results		
Address Chestertown, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Bare fhereof Aug. / 1946 (Burial, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory. Chester Cem.	Where did lojury occur? (City or town) (Connty) (State)		
Location Chestertown, Md.	Injured af home, farm, industry, public place (where?)		
10. Funeral director J. Willis Wells	Means of Injury Abrul Injured at work?		
Address Chestertown, Md.	Days Stone ha		
19 aug. 10. 1946 Clara & Barres	23. SIGNAYORE M. M. Or other		
19 Use of the recipitar) 1946 Claux & Banes	i would of by them all not a law of VI		

